Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90063 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J82420**

1. Corporation Name

HARRIS PLUMRING INC

| HANNIS | FLUMBING, INC. | | | | | | | | | | |
|---|--|--|--|--------------|--|---|--------------------------|-----------------|------------------------|---------------|--|
| Principal Place | e of Business | Mailing Address | | | | | /IOI IDIKO JIOIK 86010 K | JEH OBH OLDH 11 | BL) BIBIL AFBII B | E 6:5 #0 | |
| 5431 NW 15TH ST 5431 NW 15TH ST | | | | | | | | | | | |
| BAY #1 BAY #1 | | | | | | | | | | | |
| MARGATE FL 33063 MARGATE FL 33063 | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| us Us | | | | | | 3. Date Incorporated or Qualifed 07/14/1987 | | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied F | | | plied For | | |
| 21 26 | | | | | | 59-2844445 | | | | t Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certifcate of | Status Desired | Ø | \$8.75 / Fee Re | | |
| 22 27 | | | | | | · · · · · · · · · · · · · · · · · · · | · | | | | |
| City & State City & State | | | | | | | npaign Financing | ' _□ | \$5.00 Added 1 | | |
| 23 28 75 | | | Trust Fund Contribution Country 8. This corporation owes the current year | | | | | | to rees | | |
| Zip | | | | | 1 | • | | rrent year inta | angibie □Yes | □No | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | | | Personal Property Tax. Yes UNO 10. Name and Address of New Registered Agent | | | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | Name | | (o, Name and) | taaroob or now | 1108101010 | | | |
| HARRIS, RANDY D | | | | | | | | | | | |
| 10974 NO DANBURY WAY | | | 82 | Street | Address | s (P.O. Box Num | ber is Not Accep | table) | | | |
| BOCA RATON FL 33498 | | | 83 | | | | | _ | | | |
| | | | 84 | City | | | | FL | 85 Zip (| Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | registered gistered | | |
| SIGNATURE | Signature, typed or printed name of registered age | ant and title if applicable. (NOTE: Regi | stered Age | nt signature | required wi | hen reinstating) | | DATE | | | |
| 12. | | ND DIRECTORS | 13. | - | | | CHANGES TO O | FFICERS AN | D DIRECTO | ORS IN 12 | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | Pre | DIDENT | | | Change | ☐ Addition | |
| NAME | HARRIS, RANDY D | | 1.2 NAME | | Ran | dy D. Ho | rri3 | | | | |
| STREET ADDRESS | 10974 NO DANBURY WAY | | 1.3 STREE | T ADDRESS | 102 | 35 La R | Eina Rd. | ı | | | |
| CITY-ST-ZIP | BOCA RATON FL | i | 1.4 CITY-S | T-ZIP | Del | ray BEA | ch, FL. 3 | <u>33446</u> | <u> </u> | | |
| TITLE | VP □ DELETE 2.11 | | 2.1 TITLE | | | 1 | | | ☐ Change | ☐ Addition | |
| NAME | DEVERTEUIL, JOSEPH 221 | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 6643 BAYFRONT DR | | 2.3 STREE | TADORESS | | | | | | | |
| · CITY ST ZIP . | _MARGATE FL | | 2. 4 CITY-5 | ST-ZIP | - | بيين در | حسير يسحده | | <u>~~~~</u> | · | |
| TITLE | \$ □ DELETE 31T | | 3.1 TITLE | | S | | | | Change | Addition | |
| NAME | HARRIS, LEEANN 32N | | 3.2 NAME | | HAR | iris, Leei 35 La Rei | · unt | | | | |
| STREET ADDRESS | 10974 N. DANBURY WAY | | 3.3 STREE | T ADDRESS | 102 | 35 LARE | NA Rd. | _ | | | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | | 3.4. CITY-5 | ST-ZIP | DEI | ray Bear | <u>h.FL.3</u> | <u> 33446</u> | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | • | • | | ☐ Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | 1 | | | | | ļ | |
| STREET ADDRESS | | 1 | 4.3 STREE | TADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | 1 | | | | - | | |
| STREET ADDRESS | | į | 5.3 STREE | T ADDRESS | 1 | | | | | l | |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST-ZIP | | | | | | | |
| TITLE | - | CJ | 6.1 TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | 1 | | | | | | |

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP